

PART B - FEE(S) TRANSMITTAL

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<i>Mary Jane Luba</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
December 15, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/586,420	07/19/2009	Maurice Van Ellis	NOV-05-US	4044

TITLE OF INVENTION: INDOLYLIMALEIMIDE DERIVATIVES

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/>	\$1510	\$300	\$0	\$1810	12/15/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHTEFENGARTS, SAMANTHA L	1626	\$14-253010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.37). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (giving as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
Hoxie & Associates LLC	
2.	
3.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.33. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Novartis AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lichstrasse 35
Basel, Switzerland 4056

Please check the appropriate assignee category or categories (will not be printed on the patent). Individual Corporation or other private group entity Government

4. The following fees(s) are submitted.

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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- A check is enclosed.
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- The Director is hereby authorized to charge the required fees(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 
 Typed or printed name: Richard A. Elder

Date December 15, 2009

Registration No. 30,255

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